

SKI TRIP PERMISSION SLIP

_____ Of Room _____ has
permission to go on the ski trip.

Yes, I have enclosed a \$20 non-refundable deposit for

Skiing

Snowboarding

My automatic payment is in credit

☐☐☐☐☐

I am able to assist as a Parent Helper on Thursday 10th August.

☐

I am have been police vetted

OR

☐

I will complete a police vetting form

My child's Ski/Snowboarding Ability

Please tick the appropriate level of either skiing or snowboarding depending on what your child has chosen to take part in.

Skiing	
First Time	<input type="checkbox"/>
1-2 Day Skiers	<input type="checkbox"/>
3-5 Day Skiers	<input type="checkbox"/>
6 Days and above	<input type="checkbox"/>

Snowboarding	
First Time	<input type="checkbox"/>
1-2 Day Snowboarders	<input type="checkbox"/>
3+ Day Snowboarders	<input type="checkbox"/>

In order to speed up the fitting of skis and snowboards, please state your child's

Shoe size _____ Weight _____

Parent Name: _____

Signature: _____